|   |                                  |   |                                      |                                |                      |                  |              | Application or Docket Number |                        |         |                               |                        |  |
|---|----------------------------------|---|--------------------------------------|--------------------------------|----------------------|------------------|--------------|------------------------------|------------------------|---------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09, 935 520 |                                  |   |                                      |                                |                      |                  |              |                              |                        |         |                               | 20                     |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |                                  |   |                                      |                                |                      |                  |              | SMALL ENTITY TYPE            |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |                                  |   | 31                                   |                                | ***                  |                  | RA           |                              | FEE                    | 1       | RATE                          | FEE                    |  |
| FOR   |                                  |   | NUMBER FILED                         |                                | NUMBER EXTRA         |                  | BASIC        | FEE                          | 355.00                 | OR      | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |                                  |   | 3 minus 20=                          |                                | . (1                 |                  | X\$          | 9=                           | 99                     | OR      | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |                                  |   | ] minus 3 =                          |                                | * A                  |                  | X40=         |                              | <u> </u>               | 1 1     | X80=                          |                        |  |
| ML  | ILTIPLE DEPEN                    | DENT CLAIM P                              | RESENT                               | <del></del>                    | <b></b>              |                  | -            |                              | <del> </del>           | OR      |                               |                        |  |
| * 1f  | the difference                   | in column 1 is                            | ess than zero, enter "0" in column 2 |                                |                      | column 2         | +13          |                              | 11.5                   | OR      | +270=                         |                        |  |
| CLAIMS AS AMENDED - PART II   |                                  |   |                                      |                                |                      |                  |              | AL                           | 454                    | OR      | TOTAL OTHER                   | THAN                   |  |
| (Column 1) (Column 2) (C  |                                  |   |                                      |                                |                      |                  | SMA          | \LL                          | ENTITY                 | OR      | SMALL                         |                        |  |
| AMENDMENT A   |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY         | PRESENT<br>EXTRA | RAT          | ΓE                           | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                            | *   | Minus                                | **                             |                      | =                | X\$ :        | 9=                           |                        | OR      | X\$18=                        |                        |  |
|   | Independent                      | *   | Minus                                | ***                            |                      | =                | X40          | ) <del>=</del>               |                        | OR      | X80≃                          |                        |  |
|   | FIRST PRESE                      | NTATION OF MI                             | JUIPLE DEF                           | PENDENT                        | CLAIM                |                  | +13          | <br>5=                       |                        | OR      | +270=                         |                        |  |
|   |                                  |   |                                      |                                |                      |                  | TO           | TAL                          |                        |         | TOTAL                         |                        |  |
|   | (Column 1) (Column 2) (Column 3) |   |                                      |                                |                      |                  | ADDIT.       | FEE                          | L                      | 1011    | ADDIT. FEE                    |                        |  |
| AMENDMENT B   |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA | RAT          | Έ                            | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                            | *   | Minus                                | **                             |                      | =                | X\$ 9        | )=                           |                        | OR      | X\$18=                        |                        |  |
|   | Independent                      | *   | Minus                                | ***                            |                      | =                | X40          | )=                           |                        | OR      | X80=                          |                        |  |
| L   | FIRST PRESE                      | NTATION OF MU                             | JUIPLE DEF                           | ENDENI                         | CLAIM                |                  | +135         | 5=                           |                        | OR      | +270=                         |                        |  |
|   |                                  |   |                                      |                                |                      |                  | TC<br>ADDIT. | TAL                          |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |                                  |   |                                      |                                |                      |                  |              | ,                            |                        |         | ADDIT. FEE                    |                        |  |
| AMENDMENT C   |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | RAT          | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                            | *   | Minus                                | **                             | <del></del> -        | =                | X\$ 9        | )=                           |                        | OR      | X\$18=                        |                        |  |
|   | Independent                      | *   | Minus                                | ***                            |                      | =                | X40          |                              |                        | OR      | X80=                          |                        |  |
|   | HIRST PRESE                      | NTATION OF ML                             | JLTIPLE DEF                          | PENDENT                        | CLAIM                |                  | -            | $\dashv$                     |                        |         |                               |                        |  |
|   | the entry in colur               | +135                                      | )=<br>TAL                            |                                | OR                   | +270=<br>TOTAL   |              |                              |                        |         |                               |                        |  |
| ***   | f the "Highest Nur               | mber Previously Pa<br>mber Previously Pa  | aid For" IN THE                      | S SPACE I                      | s less tha           | n 3, enter "3."  | ADDIT. I     | EE                           | l                      |         | ADDIT. FEE                    | L                      |  |
|   | ne "Highest Num                  | ber Previously Pai                        | d For" (Total or                     | Independe                      | ent) is the          | highest number   | found in th  | e app                        | ropriate box           | in coli | umn 1.                        |                        |  |